PAGE 1 / 24

Image# 202307319588921780

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X	For Other Than An	Authorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typover the lines.	e 12FE4M5
DUTY FIRST PAC			
ADDRESS (number and street)	3275 NORTH FORT A	PACHE ROAD	
V	SUITE 150		
Check if different than previously reported. (ACC)	LAS VEGAS		NV 89129
2. FEC IDENTIFICATION	NUMBER ▼	CITY A	STATE ▲ ZIP CODE ▲
C C00819888		3. IS THIS REPORT (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) May 20	(Non-Election Year Only)
(a) Quarterly Reports:	님	Mar 20 (M3) Jun 20	(Non-Election Year Only)
April 15 Quarterly Report	(Q1) (Q1)	Apr 20 (M4) Jul 20 (
July 15 Quarterly Report	(Q2) 12-Day PRE-Electio		General (12G) Runoff (12R)
October 15 Quarterly Report	Report for the	he: Convention (12C)	Special (12S)
January 31 Year-End Report	_	Election on	/ Y Y Y Y in the State of
July 31 Mid-Year Report (Non-elec Year Only) (MY)	tion POST-Electi	` '	Runoff (30R) Special (30S)
Termination Repo		Election on	/ Y Y Y Y In the State of
5. Covering Period			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined		est of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasu	HASTIE, CHRISSIE, ,		
Signature of Treasurer	ASTIE, CHRISSIE, , ,	[Electronically Filed]	Date 07 31 2023
NOTE: Submission of false, erro	oneous, or incomplete infor	mation may subject the person sig	ning this Report to the penalties of 52 U.S.C. § 3010
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
DUTY FIRST PAC		
Report Covering the Period: From:	01 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	o: 06 / 30 / Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		5427.64
(b) Cash on Hand at Beginning of Reporting Period	5427.64	
(c) Total Receipts (from Line 19)	4602.01	4602.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10029.65	10029.65
7. Total Disbursements (from Line 31)	8818.62	8818.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1211.03	1211.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	271407.06	
This committee has qualified as a n	multicandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

DUTY FIRST PAC

Report Covering the Period: From: 01	01 2023	To: 06 30 2023
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	2850.00	2850.00
	4752.04	4750.04
(ii) Unitemized	1752.01	1752.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	4602.01	4602.01
Lines 11(a)(i) and (ii)	45. 45.	4 4 4
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	4602.01	4602.01
Totals to Line 33, page 5)	4002.01	+002.01
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
B. All Loans Received	0.00	0.00
. All Eddie Hodolydd	4 4	4 4
L Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	4 4	7- 7- 7- 7-
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	4 4	4 4
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds (a) Non Federal Account		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(non concado no)	7 7 7	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Levill Fullus (IIOIII Schedule 113)	4 4	4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(4)	4 4	4 4
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	4602.01	4602.01
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	4602.01	4602.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Allo	ng Expenditures: —— ocated Federal/Non-Federal ivity (from Schodule H4)		Calculate 1941 to Butto
ACI (i)	ivity (from Schedule H4) Federal Share	0.00	0.00
(.)		7 7 7	
(ii)	Non-Federal Share	0.00	0.00
	er Federal Operating penditures	8818.62	8818.62
	al Operating Expenditures	3010.02	3010.02
` '	d 21(a)(i), (a)(ii), and (b))▶	8818.62	8818.62
	s to Affiliated/Other Party		
Commit Contribu	teestions to	0.00	0.00
Federal and Oth	Candidates/Committees er Political Committees	0.00	0.00
	dent Expenditures	0.00	0.00
Coordin	hedule E)ated Party Expenditures	0.00	0.00
(52 U.S (use Sc	.C. § 30116(d)) hedule F)	0.00	0.00
	<u> </u>		
Loan Re	epayments Made	0.00	0.00
Loane N	Made	0.00	0.00
Refunds	of Contributions To:	0.00	0.00
	ividuals/Persons Other an Political Committees	0.00	0.00
	-	45 45	4 4 4
	itical Party Committees	0.00	0.00
` '	ner Political Committees	0.00	
	ch as PACs)	0.00	0.00
` '	d Lines 28(a), (b), and (c))	0.00	0.00
(44	a 2.1.00 20(a), (b), a.1a (c),	0.00	0.00
Other D	isbursements (Including		
Non-Fed	deral Donations)	0.00	0.00
Federal	Election Activity (52 U.S.C. § 30101(20))		
	ocated Federal Election Activity		
(fro	m Schedule H6)		
(i)	Federal Share	0.00	0.00
/ii)	"Lovin" Choro		
	"Levin" Sharederal Election Activity Paid	0.00	0.00
	irely With Federal Funds	0.00	0.00
	al Federal Election Activity (add	0.00	0.00
Lin	es 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	sbursements (add Lines 21(c), 22,		
23, 24,	25, 26, 27, 28(d), 29 and 30(c))	8818.62	8818.62
Total Fe	deral Disbursements		
	t Line 21(a)(ii) and Line 30(a)(ii)		
	ne 31)	8818.62	8818.62
		3010.02	0010.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	or dispursements	Page 5
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4602.01	4602.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4602.01	4602.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	8818.62	8818.62
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8818.62	8818.62

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

24 FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **DUTY FIRST PAC** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name COLLINS, JEANNETTE, B.,, Date of Receipt Mailing Address 293 TRUMBULL RD 20 2023 City Zip Code State Transaction ID: A-127729 MANHASSET NY 11030-2116 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **RETIRED** RETIRED Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GRANT, DOROTHY, J, , Date of Receipt Mailing Address 10 NORTH HIGHLAND PLACE 2023 City State Zip Code Transaction ID: A-115745 MOUNT VERNON IL 62864 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **RETIRED RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. GRANT, DOROTHY, J., Date of Receipt Mailing Address 10 NORTH HIGHLAND PLACE 29 2023 City Zip Code State Transaction ID: A-196037 IL MOUNT VERNON 62864 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) RETIRED **RETIRED** Receipt For: Aggregate Year-to-Date ▼ Primary General EARMARKED THROUGHWINRED ON 2023-05-29 260.00 Other (specify) 350.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

		LINE			:	PAGE	GE 7 OF 24					
(0	che	ck only	or	ne)								
	X	11a		11b		11c		12	2			
		13		14		15		16	6		17	

	Statements may not be sold or used by any per- le name and address of any political committee to	
NAME OF COMMITTEE (In Full) DUTY FIRST PAC		
Full Name of Individual (Last, First, Middle Ir WINRED Mailing Address PO BOX 9891 City	State Zip Code	Date of Receipt 05 29 2023 Transaction ID : A-196037CM
ARLINGTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For:	C Occupation (for Individual)	Amount of Each Receipt this Period 125.00 Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1447.01	EARMARKED-CONDUIT DETAILS. CONDUIT CONTRIBUTION LIMIT NOT AFFECTED
Full Name of Individual (Last, First, Middle Ir ARLEN, ROGER, L., , Mailing Address 294 SWIFTS STATION DR City CARSON CITY FEC ID number of contributing federal political committee. Name of Employer (for Individual) ALLIANT INSURANCE SERVICES Receipt For: Primary General Other (specify)	State Zip Code NV 89705-6960 C Occupation (for Individual) INSURANCE EXECUTIVE Aggregate Year-to-Date 2500.00	Date of Receipt 06 11 2023 Transaction ID: A-196020 Amount of Each Receipt this Period 2500.00 Memo Item
Full Name of Individual (Last, First, Middle In Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State Zip Code C Occupation (for Individual) Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (optional)	>	2500.00
TOTAL This Period (last page this line number	r only)	2850.00

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 (
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the	(check o	,						
		Summary Page	X 21		23 28c	26 27 29 30b				
Any information copied from such Reports and State	monto mou	, not be cold or us								
or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
$ \; angle$ DUTY FIRST PAC										
Full Name (Last, First, Middle Initial)										
A. AMERICAN EXPRESS				Date of	f Disburse	ement				
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Mailing Address PO BOX 96001				01	0	5 2023				
City	State	Zip Code								
LOS ANGELES	CA	90096		FEC Id	entification	n Number				
Purpose of Disbursement CREDIT CARD INTEREST FEES										
Candidate Name						ID : B-196057				
Candidate Name			Category/ Type	Amoun	t of Each	Disbursement this Period				
Office Sought: House Disburse	ement For:		.,,,,,	∃ [456.19				
Senate	Primary	General								
State: President State:	Other (sp	ecify) \blacktriangledown		Me	mo Item					
Full Name (Last, First, Middle Initial)										
B. AMERICAN EXPRESS				Date of	f Disburse	ment				
				M = M	/ D	D / Y = Y = Y = Y				
Mailing Address PO BOX 96001				01	0	5 2023				
City	State	Zip Code		EEC Id	entification	n Number				
LOS ANGELES	CA	90096			Critinication	Trumber				
Purpose of Disbursement FACILITY FEES			· · ·							
Candidate Name			Category/		Transaction ID : B-196058 Amount of Each Disbursement this Per					
			Type							
	ement For:	0		171.81						
Senate President	Primary Other (sp	General ecify)		п						
State: District:] (-)	,		Me Me	mo Item					
Full Name (Last, First, Middle Initial)										
C. BENT TREE COUNTRY CLUB				Date of	f Disburse					
Mailing Address 5201 WESTGROVE DRIVE				01	/ D					
City DALLAS	State TX	Zip Code 75248		FEC Id	entification	n Number				
Purpose of Disbursement	17	73246		C						
FACILITY FEES/ PAID VIA AMERICAN EXPRES	S				ansaction	ID : B-196069				
Candidate Name			Category/	Amoun	t of Each	Disbursement this Period				
Office Sought: House Disburse	ement For:		Туре			171.81				
Senate	Primary	General			7	7- 1-4-				
President	Other (sp	ecify) ▼		X Me	mo Item					
State: District:										
SURTOTAL of Dichurcomente This Page (anticact)						628.00				
SUBTOTAL of Disbursements This Page (optional)			······	-		45 1 45				
TOTAL This Period (last page this line number only	<i>y</i>)				_					

SCHEDULE B (FEC Form 3X)		Lies conserve cohodule(s) FOR LINE NUMBER:													
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Any information copied from such Reports and Sta	tomonto mo	u not be cold or u													
or for commercial purposes, other than using the r															
NAME OF COMMITTEE (In Full)															
DUTY FIRST PAC															
Full Name (Last, First, Middle Initial)															
A. AMERICAN EXPRESS				Date of D	Disburseme	nt									
Mallian Address DO DOV 00004				M M M	/ D D		2022								
Mailing Address PO BOX 96001				02	06		2023								
City	State	Zip Code		FEC Iden	tification N	umber									
LOS ANGELES Purpose of Disbursement	CA	90096					-								
CREDIT CARD INTEREST FEES				C											
Candidate Name					saction ID										
			Category/ Type	Amount	T Each Dis	burseme	nt this Period								
Office Sought: House Disbur	sement For:	ı		11	20 1 1	3 5. I	450.04								
Senate	Primary	General			,	,									
State: District:	Other (sp	pecity) 🔻		Memo	o Item										
Full Name (Last, First, Middle Initial)															
B. AMERICAN EXPRESS				Date of D	Disburseme	nt									
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Mailing Address PO BOX 96001				02	06	L.	2023								
City	State	Zip Code		FFC Idam	Aidination N										
LOS ANGELES	CA	90096			tification N	umber									
Purpose of Disbursement FACILITY FEES															
Candidate Name				Transaction ID : B-196060											
			Category/ Type	Amount of Each Disbursement this Period											
Office Sought: House Disbur	sement For:	l	,,,	11:::			169.96								
Senate	Primary	General													
President State: District:	Other (sp	pecify)		Memo Item											
Full Name (Last, First, Middle Initial)															
C. BENT TREE COUNTRY CLUB				Date of D	Disburseme	nt									
				M M	/ D D		Y Y Y Y								
Mailing Address 5201 WESTGROVE DRIVE				02	06		2023								
City	State	Zip Code		EEC Idon	tification N	umbor									
DALLAS	TX	75248		1	uncation iv	unbei	-								
Purpose of Disbursement FACILITY FEES/ PAID VIA AMERICAN EXPRE	SS			C											
Candidate Name			Category/		saction ID of Each Dis		68 ent this Period								
			Type]											
	sement For:				7	7	169.96								
Senate President	Other (sr	General Gecify) ▼													
State: District:	Outer (st	∀		X Mem	o Item										
SUBTOTAL of Disbursements This Page (optional	l)		·····•		7		620.00								
TOTAL This David difference with the	-1			-											
TOTAL This Period (last page this line number or	IIV)				_	_									

SCHEDULE B (FEC Form 3X)		Use separate schedule(s)			FOR LINE NUMBER: PAGE 10					
ITEMIZED DISBURSEMENTS		category of the	(checl	•		23	<u>26</u>	07		
		Summary Page	×	21b 28a	22 28b	27 30b				
Any information copied from such Reports and Staten	L may r	act be cold or use	d by ony			28c	29			
or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
DUTY FIRST PAC										
Full Name (Last, First, Middle Initial)										
A. SECURITY PUBLIC STORAGE					Date of	Disburs				
Mailing Address 506 EL RANCHO DR					02	/ D	7 Y	2023		
,	State	Zip Code			FEC Id	entificatio	n Number			
SPARKS	NV	89431-4136								
Purpose of Disbursement RENT					С					
Candidate Name			Categor	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			ID: B-139	9819 nent this Period		
			Type	y,	Amoun	OI Lacin	Disbursch			
Office Sought: House Disburser						-		178.00		
Senate President	Primary Other (spec	General								
State: District:	Other (spec	Sily) ▼			Me	mo Item				
Full Name (Last, First, Middle Initial)										
B. SECURITY PUBLIC STORAGE					Date of	Disburs	ement			
Moiling Address Foo FL DANGLIO DD					M M M			2023		
Mailing Address 506 EL RANCHO DR					03		17	2023		
City SPARKS	State NV	Zip Code			FEC Id	entificatio	n Number			
Purpose of Disbursement		89431-4136		_	С					
RENT				Ш	Transaction ID : B-141936 Amount of Each Disbursement this Perio					
Candidate Name		"	Categor	y/						
Office Sought: House Disbursen	nont For:		Туре					178.00		
Senate Dispulser	Primary	General			170.00					
President	Other (spec				Mo	mo Item				
State: District:					IVIC	ino item				
Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS					Date of	Disburs	ament			
O. AIVIERICAN EXPRESS					M M	/ D		YYY		
Mailing Address PO BOX 96001					03		20	2023		
City	State	Zip Code			EEC 14	ontification	n Number			
LOS ANGELES	CA	90096				- minicallo	ii ivullibel			
Purpose of Disbursement CREDIT CARD INTEREST FEES					C		ID - D 404	2055		
Candidate Name			Categor	y/			ID : B-19 0 Disbursen	nent this Period		
Office Sought: House Disburser	nont For:		Туре					888.16		
Office Sought: House Disburser Senate	Primary	General						300.10		
President	Other (spec				Mo	mo Item				
State: District:					IVIE	mo item				
								1244.16		
SUBTOTAL of Disbursements This Page (optional)				<u> </u>	-	-		1244.10		
TOTAL This Period (last page this line number only)					Ι.	'				

17

SCHEDULE B (FEC Form 3X)	lles	ovoto asharista()	FOR LINE NUMBER: PAGE 1					11 C)F 24	
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check o		_	٦.00)C _	7 07	
	Detailed	Summary Page	X 21			23 28c		26 29	27 30b	
Any information conied from such Departs and Otto	onto mari	not be sold as								ions
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam										
NAME OF COMMITTEE (In Full)										
DUTY FIRST PAC										
<u> </u>										
Full Name (Last, First, Middle Initial) AMEDICAN EXPRESS				Date	of D	isburse	ment			
A. AMERICAN EXPRESS					M	/ D		V -	YY	Y
Mailing Address PO BOX 96001				0		20			2023	
		1								
,	state CA	Zip Code 90096		FEC	Ident	ification	n Num	nber		
Purpose of Disbursement	<u> </u>	90090		С	_		_			
FACILITY FEES					Trans	action	ID · D	1,1060	62	
Candidate Name			Category/						62 ent this F	Period
Office Co. I			Type		_		_			-
Office Sought: House Disbursem		Consuct							340.8	4
	Primary Other (spe	General cifv) ▼								
State: District:	(ape	3/ ▼			Memo	Item				
Full Name (Last, First, Middle Initial)										
B. BENT TREE COUNTRY CLUB				Date	of D	isburse	ment			
				_	M	/ D			YIY	Υ
Mailing Address 5201 WESTGROVE DRIVE					3	20	0		2023	
City	state	Zip Code			12	141				
DALLAS	TX	75248		FEC	ident	tification	n Nun	nber		
Purpose of Disbursement FACILITY FEES/ PAID VIA AMERICAN EXPRESS					C					
Candidate Name			Transaction ID : B-196067							
Candidate Ivanië		Category/			unt of	Each	Disbu	ırseme	ent this F	Period
Office Sought: House Disbursem	ent For:		Type	$\dashv \vdash$					340.8	4
Senate	Primary	General			_	7	-		1 4	
	Other (spe	Other (specify)				X Memo Item				
State: District:										
Full Name (Last, First, Middle Initial)				D	C+ -	iob	ma			
C. ARISTOTLE INTERNATIONAL INC	j					isburse			V	V -
Mailing Address 205 PENNSYLVANIA AVE SE				O:		22			2023	Y
,	state	Zip Code		FEC	Ident	tification	ı Num	nber		
WASHINGTON Purpose of Disbursement	DC	20003-1164			_		_			
SOFTWARE & SUPPORT								. 45:	لب	
Candidate Name			Category/			action Each			: 13 ent this F	Period
			Type	7 1110						300
Office Sought: House Disbursem			_	1		7		,	2100.0	0
	Primary	General								
State: District:	otner (spe	Other (specify) ▼				Memo Item				
State. District.										
SUBTOTAL of Disbursements This Page (optional)									2440.8	34
				- 12	=		=			
TOTAL This Period (last page this line number only).				1.						. 1

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 C							
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check o	,		26 27				
		Summary Page	X 21							
Any information copied from such Reports and State	monto mov	not be cold or use								
or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
DUTY FIRST PAC										
Full Name (Last, First, Middle Initial)										
A. SECURITY PUBLIC STORAGE				Date o	f Disburse	ement				
Mailian Address FOC EL DANCHO DD				04	/ 0					
Mailing Address 506 EL RANCHO DR				04		0 2023				
City	State	Zip Code		FEC Io	lentification	n Number				
SPARKS Purpose of Disbursement	NV	89431-4136								
RENT				C						
Candidate Name			Category/			ID: B-123552 Disbursement this Period				
			Type	Amoun	t of Lacif	Disbursement this renou				
	ement For:			7 L.		178.00				
Senate President	Primary Other (spe	General								
State: District:	Other (spe	ecity) 🔻		Me	emo Item					
Full Name (Last, First, Middle Initial)										
B. AMERICAN EXPRESS				Date o	f Disburse	ement				
Matthew Address Bo Bosses				M = M	/ D					
Mailing Address PO BOX 96001				05		0 2023				
City	State	Zip Code		FEC Io	lentification	n Number				
LOS ANGELES Purpose of Disbursement	CA	90096								
FACILITY FEES				C						
Candidate Name			Category/		Transaction ID : B-196064 Amount of Each Disbursement this Period					
			Type							
	ement For:			579.00						
Senate President	Primary Other (spe	General			п.,					
State: District:	J Guiloi (opt	5511,47		Me	Memo Item					
Full Name (Last, First, Middle Initial)										
C. BENT TREE COUNTRY CLUB				Date o	f Disburse					
Mailing Address 5201 WESTGROVE DRIVE				05	/ D					
City	State TX	Zip Code 75248		FEC Io	lentification	n Number				
DALLAS Purpose of Disbursement	17	75246		С						
FACILITY FEES/ PAID VIA AMERICAN EXPRES	5				ansaction	ID : B-196066				
Candidate Name			Category/	Amoun	t of Each	Disbursement this Period				
Office Sought: House Disburse	ement For:		Type	1 -		579.00				
Senate	Primary	General			7	4-				
President	Other (spe	ecify) 🔻		X Me	emo Item					
State: District:	_			IVIE	AND RUIN					
						757.00				
SUBTOTAL of Disbursements This Page (optional)			·····•	-	-	707.00				
TOTAL This Period (last page this line number only	/)									

SCHEDULE B (FEC Form 3X)				NE NUMBER: PAGE 13 OF 24					
		parate schedule(s) n category of the	I `	only one)	y one)				
		Detailed Summary Page						27 30b	
Any information copied from such Reports and State	ements may	not be sold or us							
or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)									
DUTY FIRST PAC									
Full Name (Last, First, Middle Initial)									
A. PROFESSIONAL DATA SERVIC	ES					sburse			
Mailing Address 824 SOUTH MILLEDGE AVENU	 E			0:	M /	10		2023	
STE 150		T							
City ATHENS	State GA	Zip Code 30605		FEC	Identi	ficatior	Number	•	
Purpose of Disbursement				C					
COMPLIANCE CONSULTING					rans	action	ID : B-13	6756	
Candidate Name			Category					ment this Peri	iod
Office Sought: House Disburs	ement For:		Туре	$+$ Γ				1283.69	
Senate	Primary	General					7	- 4	_
President State: District:	Other (sp	ecify) \blacktriangledown		1	Лето	Item			
Full Name (Last, First, Middle Initial)									
B. AMERICAN EXPRESS				Date	of Di	sburse	ment		
				M	M /	D		Y Y Y Y	
Mailing Address PO BOX 96001				0	0	1	0	2023	
City	State	Zip Code		FEC	Identi	fication	Number		
LOS ANGELES CA 90096 Purpose of Disbursement					-	-			
CREDIT CARD INTEREST FEES					ranes	oction	ID : B-19	6015	
Candidate Name Category/				_			_	ment this Peri	iod
Office Sought: House Disbursement For:				-	_	-		1305.45	
Senate Dispursement For: Senate Primary General							7	4.0	
President Other (specify)					Лето	Item			
State: District:									
Full Name (Last, First, Middle Initial) C.				Date	of Di	sburse	ment		
				M	M /	D	D / Y	YYY	1
Mailing Address						L.			
City	State	Zip Code		FFC	Identi	fication	Number		
Purpose of Disbursement									
. arpose or biobursoment									
Candidate Name Category/			Amou	unt of	Each	Disburse	ment this Peri	iod	
Office Sought: House Disburs	ement For:		Type		_	-			
Office Sought: House Disbursement For: Senate Primary General						7	7	- 4	
President Other (specify) ▼					Лето	Item			
State: District:									
SUBTOTAL of Disbursements This Page (optional)						-		2589.14	П
COSTOTAL OF DISDUISEMENTS THIS Fage (optional)				<u> </u>	=			1 40	#
TOTAL This Period (last page this line number onl	v)				_			8279.14	

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) DUTY FIRST PAC		Transaction ID : C-103376	
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	N	
Mailing Address PO BOX 34089		U Other (specify) ▼	
City	State	ZIP Code	
RENO	NV	89533	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
1000.00		0.00	
TERMS Date Incurred	Da	ate Due Interest Rate Secured:	
M 05 M / D 12 D / Y 2021	M = M / D = D	0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line on			
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE	15	OF	24	
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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) DUTY FIRST PAC		Transaction ID : C-103844	
LOAN SOURCE Full Name (Last, First, N BROWN, SAM, , ,	N		
Mailing Address PO BOX 34089		U Other (specify) ▼	
City	State	ZIP Code	
RENO	NV	89533	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
15900.00		0.00 15900.00	
TERMS Date Incurred	Da	ate Due Interest Rate Secured:	
M06 ^M / D01 ^D / Y Y021 Y	M = M / D = D	0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line on			
Carry outstanding balance only to LINE 3. So	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X	
IAME OF COMMITTEE (In Full) DUTY FIRST PAC		Transaction ID : C-136461	
LOAN SOURCE Full Name (Last, First, M BROWN, SAM, , ,	N		
Mailing Address PO BOX 34089		☐ Other (specify) ▼	
City	State	ZIP Code	
RENO	NV	89533	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
27000.00		0.00 27000.00	
TERMS Date Incurred	Da	ate Due Interest Rate Secured:	
M 07 M / D 18 D / Y 2022	M M / D D	0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line onl			
Carry outstanding balance only to LINE 3. Sc	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Summary Page	FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)		Tran	saction ID : C-164676
DUTY FIRST PAC			
LOAN SOURCE Full Name (Last, First, Middle Initial) N			Election:
BROWN, SAIN, , ,			Primary General
Mailing Address PO BOX 34089			Other (specify) ▼
City	State ZIP 0	Code	
RENO	NV 89	533	
Original Amount of Loan	Cumulative Payment	To Date Bala	nce Outstanding at Close of This Period
25000.00	1 1 1	0.00	25000.00
TERMS Date Incurred	Date Du	e Interest Rate	Secured:
M 08 / 18 / Y 2022	M M / D D / Y	0.00	
List All Endorsers or Guarantors (if any	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mark and discount		Occupation	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7 7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	77
SUBTOTALS This Period This Page (optional	l)	······································	25000.00
TOTALS This Period (last page in this line o	nly)		. , ,
Carry outstanding balance only to LINE 3, S	chedule D, for this line.	If no Schedule D, carry forw	vard to appropriate line of Summary.
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Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		Polatica carrinary rago TOTT LINE 15 OF TOTAL SX	
IAME OF COMMITTEE (In Full) DUTY FIRST PAC		Transaction ID : C-103842	
LOAN SOURCE Full Name (Last, First, BROWN, SAM, , ,	Middle Initial)	N ☐ Memo Item	
Mailing Address PO BOX 34089		Other (specify) ▼	
City	State	ZIP Code	
RENO	NV	89533	
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
166.99		0.00	
TERMS Date Incurred		ate Due Interest Rate Secured:	
M 09 M / 28 D / Y 2022	M = M / D = D	0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	'	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	·	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	·	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line of	OTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3	Schedule D. for this	s line If no Schedule D. carry forward to appropriate line of Summary	

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 19
FOR LINE NUMBER: (check only one)

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19 OF

NAME OF COMMITTEE (In Full) **DUTY FIRST PAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DEBT OWED: STRATEGY CONSULTING RELENTLESS STRATEGIES Mailing Address 918 14TH ST SE APT 3 State Zip Code WASHINGTON DC 20003-4546 Transaction ID: D-137948 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2500.00 2500.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DEBT OWED: ADVERTISEMENT** 8 NEWS NOW Mailing Address 3228 CHANNEL 8 DR City State Zip Code LAS VEGAS 89109 Outstanding Balance Beginning This Period Transaction ID: D-134785 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8946.25 8946.25 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DISPUTED DEBT OWED: DIGITAL AD VICTORIAM CONSULTING, LLC CONSULTING Mailing Address 1622 201ST ST City State Zip Code **BAYSIDE** NY 11360-1017 Outstanding Balance Beginning This Period Transaction ID: D-133284 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1500.00 1500.00 0.00 12946.25 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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20 OF

NAME OF COMMITTEE (In Full) **DUTY FIRST PAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DEBT OWED: TRAVEL/FACILITY FEES &** AMERICAN EXPRESS **EXPS** Mailing Address PO BOX 96001 State Zip Code LOS ANGELES CA 90096 Transaction ID: D-140377 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1261.61 14490.03 15751.64 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DEBT OWED: CAMPAIGN TRAVEL BROWN, SAM, , , Mailing Address PO BOX 34089 City State Zip Code **RENO** 89533 Outstanding Balance Beginning This Period Transaction ID: D-124472 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9202.82 9202.82 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DISPUTED DEBT OWED: SOFTWARE CAMPAIGN SIDEKICK Mailing Address 1550 OLD ANNETTA RD City State Zip Code **ALEDO** 76008 TX Outstanding Balance Beginning This Period Transaction ID: D-138206 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 6607.82 6607.82 0.00 30300.67 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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X	10

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21 OF

NAME OF COMMITTEE (In Full) **DUTY FIRST PAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DEBT OWED: ADVERTISING** CAMPAIGN SOLUTIONS Mailing Address 117 NORTH SAINT ASAPH STREET State Zip Code **ALEXANDRIA** VΑ 22314 Transaction ID: D-196053 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9000.87 9000.87 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DEBT OWED: STRATEGY CONSULTING** CHARIOT CAMPAIGNS INC Mailing Address 1800 J ST City State Zip Code SACRAMENTO 95811-3010 CA Outstanding Balance Beginning This Period Transaction ID: D-130053 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 19214.89 0.00 19214.89 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DEBT OWED: CONSULTING ADVERTISING CONNELLL DONATELLI INC. Mailing Address 117 NORTH SAINT ASAPH STREET City State Zip Code **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: D-196051 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 3500.00 3500.00 0.00 31715.76 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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22 OF

NAME OF COMMITTEE (In Full) **DUTY FIRST PAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DISPUTED DEBT OWED: DIRECT MAIL **HSP DIRECT SERVICES** Mailing Address 20130 LAKEVIEW CENTER PLAZA State Zip Code **ASHBURN** VΑ 20147 Transaction ID: D-196050 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 56357.60 56357.60 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DISPUTED DEBT OWED: DIRECT MAIL IMAGE DIRECT **SERVICES** Mailing Address 200 MONROE AVE City State Zip Code **FREDERICK** 21701-3139 MD Outstanding Balance Beginning This Period Transaction ID: D-131374 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2685.49 2685.49 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DEBT OWED: POSTAGE LAS VEGAS COLOR GRAPHICS Mailing Address 4265 W SUNSET RD City State Zip Code LAS VEGAS NV 89118 Outstanding Balance Beginning This Period Transaction ID: D-138135 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 5000.00 5000.00 0.00 64043.09 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) **DUTY FIRST PAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **DEBT OWED: FUNDRAISING CONSULTING** MWE GROUP, LLC Mailing Address 6501 E GREENWAY PKWY STE 103 State Zip Code **SCOTTSDALE** ΑZ 85254 Transaction ID: D-128605 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50000.00 50000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DISPUTED DEBT OWED: DIRECT MAIL NOVALIST **SERVICES** Mailing Address 20130 LAKEVIEW CENTER PLAZA City State Zip Code **ASHBURN** 20147 Outstanding Balance Beginning This Period Transaction ID: D-196052 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2487.84 2487.84 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DISPUTED DEBT OWED: DIRECT MAIL RITE ENVELOPE & GRAPHICS INC **SERVICES** Mailing Address 250 BOOT RD City State Zip Code **DOWNINGTOWN** PA 19335-3403 Outstanding Balance Beginning This Period Transaction ID: D-130270 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1703.16 0.00 1703.16 54191.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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24 OF

NAME OF COMMITTEE (In Full) **DUTY FIRST PAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): DISPUTED DEBT OWED: DIRECT MAIL SUNRISE DATA SERVICES **SERVICES** Mailing Address 20130 LAKEVIEW CENTER PLAZA State Zip Code **ASHBURN** VA 20147 Transaction ID: D-128580 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9143.30 9143.30 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 9143.30 1) SUBTOTALS This Period This Page (optional)..... 202340.07 2) TOTALS This Period (last page this line number only)..... 69066.99 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 271407.06 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶